## L12000100426

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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Div            | ision of Cor               | porations   |                              |   |  |
|----------------|----------------------------|---|------------------------------|---|--|
| CUBIECT.       |                            | ORNER OF KEY WEST LLC   |                              |   |  |
| SUBJECT:       |                            | Name of Lim   | ited Liability Company       |   |  |
| The enclosed   | l Articles of              | Address  KEY WEST. FL 33040  City/State and Zip Code  nirscla121@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:    305 |                              |   |  |
| Please return  | all correspo               | ondence concerning this matter  | to the following:            |   |  |
|                |                            | NIR SELA  |                              |   |  |
|                |                            |   | Name of Person               |   |  |
|                |                            | PIRATE CORNER OF KI   | EY WEST LLC                  |   | shone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                |                            |   | Firm/Company                 |   |  |
|                |                            | 432 GREENE ST   |                              |   |  |
|                |                            |   | Address                      |   | <del></del>  |
|                |                            | KEY WEST, FL 33040  |                              | son  p Code  annual report notification)  896-9776  Daytime Telephone Number  ag Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  treet Address: egistration Section fivision of Corporations |  |
|                |                            |   | City/State and Zip Code      |   |  |
|                |                            | = -   |                              |   |  |
|                |                            | E-mail address: (   | to be used for future annual | report notification   | )  |
| For further in | nformation c               | oncerning this matter, please ca  | all:                         |   |  |
| NIR SELA       |                            |   |                              |   |  |
|                | Name o                     | f Person  | Area Code                    | Daytime Telep   | hone Number  |
| Enclosed is a  | i check for th             | he following amount:  |                              |   |  |
| □ S25.00 F     | filing Fee                 | <del>-</del>  | Certified Copy               |   | Certificate of Status & Certified Copy   |
| Reg            | iling Address gistration ( |   | Registr                      | ation Section   | ions   |
|                | ). Box 632                 | -   |                              | ntre of Tallaha   |  |

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PIRATE CORNER OF KEY WEST LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A rigida Enimed i  | Chabinty Company)                               |                     |
|---|---|---------------------|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000100426}{L12000100426}$ . | were filed on August03,2012                     | and assigned        |
| This amendment is submitted to amend the following:   |   |                     |
| A. If amending name, enter the new name of the limited liab   | ility company here:                             |                     |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the abb | oreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | <u></u>             |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   |   | 2021 (55 - 1        |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:             | address on our records, enter the <u>name</u>   | 11 12:              |
| Name of New Registered Agent:   |   | 52                  |
| New Registered Office Address:  | Enter Florida street address                    |                     |
|   | , Florida                                       |                     |
|   | City  | Zip Code            |
| Naw Pagistared Agent's Signature, if changing Registered Agent:   |   |                     |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                           | Type of Action |
|--------------|-------------|-----------------------------------|----------------|
| MGR          | OZ FURTH    | 432 GREENE ST, KEY WEST, FL 33040 | ■Add           |
|              |             |                                   | □Remove        |
|              |             |                                   | □Change        |
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| Effective date, if other than the date of filing:  (an effective date, if other than the date of filing:  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  Note: If the date inserted in this block does not never the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distinct of the effective date of a member or authorized representative time and the earlier of the earlier |  |   |  |                        |  |                            | <del></del>                 |
|--|--|---|--|------------------------|--|----------------------------|-----------------------------|
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|  | Dated                                  | 1/28  | 1/2021.  |                        |  | 1. –                       |                             |
| Signature of a memoer or authorized representative of a memoer   |  | •   | t  |                        |  | A                          |                             |
|  |  |   | Claustina - Co                                       | المساسية المسافيين     | contains of many                                 |                            | _                           |

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Filing Fee: \$25.00